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Bib Data Sheet

CONFIRMATION NO. 3355

SERIAL NUMBER 09/264,547	FILING DATE 03/08/1999 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 09943/006001
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APPLICANTS

TIMOTHY N. JONES, MOUNTAIN VIEW, CA;
MUHAMMAD CHISHTI, MENLO PARK, CA;
HUAFENG WEN, FOSTER CITY, CA;
GREGORY P. BALA, SAN JOSE, CA;

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 09/169,276 10/08/1998 ABN
WHICH IS A CIP OF PCT/US98/12681 06/19/1998
THIS APPLICATION 09/264,547 03/08/1999
IS A CIP OF 08/947,090 10/08/1997 PAT 5,991,233
AND CLAIMS BENEFIT OF 60/050,342 06/20/1997

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 03/29/1999

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	14	192	6
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

JAMES M. HESLIN, ESQ.
TOWNSEND & TOWNSEND AND CREW LLP
TWO EMBARCADERO CENTER
8TH FLOOR
SAN FRANCISCO ,CA 94111-3834

TITLE

SUBDIVIDING A DIGITAL DENTITION MODEL

FILING FEE RECEIVED 3910	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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**** CONTINUING DATA *******

This application is a CIP of 09/169,276 10/08/1998 ABN
 which is a CIP of PCT/US98/12861 06/19/1998
 This application 09/264,547
 is a CIP of 08/947,080 10/08/1997 PAT 5,975,893
 and claims benefit of 60/050,342 06/20/1997

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 03/29/1999**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 192	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
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